Dr. Boyd will give the Richards Memorial Lecture, Dr. Dotter will speak on "Millisecond Radiography", and Dr. Woodruff will discuss the "Radiological Diagnosis of Renal Tumours". The meeting will open on the morning of January 17 with an address of welcome by Dr. R. C. Burr, President, and its programme will include a paper on "Osteoid Osteoma of Ischial Tuberosity" by Dr. F. G. Stuart, Victoria, B.C., and a symposium on bone tumours, chaired by Dr. M. M. R. Hall of Toronto. The annual dinner of the Association will take place that evening. On Wednesday morning Dr. Griffiths of Edmonton will discuss "Radiology and Obstetrics"; Drs. Lott and Ivan Smith of London, Ont., will read a paper on cobalt-60 beam therapy in œsophageal cancer; and Dr. Dunbar of Montreal will discuss "Radiological Diagnosis of Upper Respiratory Obstruction in Infancy". The morning session will end with a symposium on "Benign Lesions of the Œsophagus". In the afternoon there will be a presentation of interesting cases, a paper by Dr. Dale Trout of Milwaukee on the "Inherent Infiltration of the Diagnostic X-ray Tube", a paper on "Cholesterolosis of the Gallbladder: Radiologic-Pathologic Correlation" by Dr. Fitzgerald of Montreal, and a symposium on tumours of the head and neck.

SOCIETY OF NUCLEAR MEDICINE

The annual meeting of the Society of Nuclear Medicine had an attendance of 160 from 23 states and several provinces at Portland, Oregon, in June, with two full days of scientific sessions. The Society is now soliciting papers for the 1956 meeting at the Hotel Utah, Salt Lake City, on June 21 to 23. Titles and outlines of proposed papers would be welcomed by Dr. Simeon Cantril, Tumor Institute, Swedish Hospital, Seattle, by January 1.

Current officers are: President, Dr. Milo Harris, 252 Paulsen Building, Spokane; President-elect, Norman J. Holter, Ph.D., Helena, Montana; Membership, Dr. Thos. Carlile, Mason Clinic, Seattle; Secretary, Dr. R. G. Moffat, 2656 Heather Street, Vancouver 9; Treasurer, L. Labbe, Ph.D., University of Oregon, Portland, Oregon.

CORRESPONDENCE

BRITISH NATIONAL HEALTH SERVICE

To the Editor:

As a recent immigrant from Great Britain, who came to Canada to practise because of disagreements with N.H.S. principles and practices, I was naturally interested to read the letter from Dr. J. H. S. Geggie in your issue of November 1.

While I find myself in agreement with him on the majority of points (I would not otherwise be here myself), I feel that I must, in fairness to colleagues in Britain, disagree with him on certain matters.

In many ways, I am sure, the N.H.S. has proved a boon *to the patient,* in that it has removed the financial worry otherwise attendant upon any significant illness—a worry greater than ever in these days of expensive remedies. Admittedly hospital waiting lists are long for non-emergency problems, but this is to be considered along with the knowledge that in pre-N.H.S. days the majority of these cases would not have come to operation at all, but would have remained at home, untreated and probably unseen by a doctor. The problem here is one of volume of cases in relation to hospital beds and medical manpower available.

Dr. Geggie also states that "drugs of known and proven value are denied to" the general practitioner. This is not the whole truth. Certain drugs (such as cortisone) are in short supply because they cost dollars, and are, or were until recently, only available on specialist recommendation, in order to make the best use of the limited quantity available. Surely no one will quarrel with that principle. Otherwise, the G.P. may prescribe what he likes, with the proviso that if he prescribes certain drugs not of proven value, or which do not differ therapeutically from the standard B.P. preparations, he may be called upon to justify the use of these drugs in view of their higher cost to the N.H.S. If he can so justify his prescribing before a committee of his fellow practitioners, all is well.

Apart from these points, I agree with Dr. Geggie that the profession in Canada should take careful note of what has happened in Britain, and should see that the same mistakes are never repeated here. Patients should be free to choose and change their doctor (as they are in Britain) and certainly the "fee for service" is, in my opinion, an essential part of any medical service which is to offer the best in medical care to the patient.

JOHN S. ETHERINGTON, M.B., B.S.
1405 Lincoln Avenue,
Winnipeg 3, Manitoba,
November 21, 1955.

PRESCRIBING

To the Editor:

Increasing embarrassment appears to be developing between druggists and physicians over the refilling of prescriptions for Schedule F drugs.

Perhaps it is timely to refresh the memory of those physicians who have forgotten some of the implications of a prescription.

By definition a prescription is a formula written by a physician to an apothecary, designating the substances to be administered to a particular patient. The length of treatment is governed by the number of pills or amount of fluid medicament supplied and the amount of the material to be taken daily. A time limit for therapy thus exists.

If recovery has proceeded according to plan the one prescription should be sufficient, although frequently an additional filling of the prescription is required. The physician should bear in mind that the prescription, if it contains a Schedule F drug, may not be refilled unless the practitioner so directs and specifies the number of times that it may be refilled. If no such direction is shown on the prescription, the druggist has two choices: he may refuse to refill the prescription, or he may take the time out to telephone the physician for a verbal approval of the refilling of the prescription. This all takes time and effort. The physician is not always readily available and undue delays and anxiety are produced.

If the druggist refills the prescription without written or verbal approval he is contravening the laws that have been enacted for the protection of the medical profession and the general public.

It behooves us, therefore, to consider when we prescribe a Schedule F drug how long the therapy should be prolonged and to specify the number of times the prescription may be safely refilled. If we do not specify that the prescription may be refilled, it may only be used for the initial filling.

J. R. MACDOUGAL, M.D.
Chief Medical Officer,
Food and Drug Directorate,
Department of National Health and Welfare,
Ottawa, Ont.,
November 9, 1955.